

FORM LM-30  
LABOR ORGANIZATION OFFICER AND  
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: U- <b>7572</b>	2. Fiscal Year Covered From: <b>Jan 1 / 1 / 2004</b> Through: <b>Dec 31 / 2004</b>
3. Name and address of person filing.  Name <b>Charles E. Wolfe</b>	4. Name, file number, and address of labor organization.  Name <b>Plumbers &amp; Pipefitters Local Union #9</b> Labor Organization File Number <b>032930</b>
P.O. Box, Bldg., Room No., if any  Street <b>23 Woalside Dr</b> City <b>Red Bank</b> State <b>NJ</b> ZIP Code + 4 <b>07701</b>	P.O. Box, Building #, Room Number, if any  Street <b>2 Iron Ore Rd</b> City <b>Englishtown</b> State <b>N.J.</b> ZIP Code + 4 <b>07736</b>
5. Position in labor organization.  <b>J Journeyman Plumber - Executive Board member &amp; Welfare trustee</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name <b>Plumbers &amp; Pipefitters Local Union #9</b>	7.a. Nature of Interest, Transaction, or Income.  <b>Wage &amp; travel Re-bursements from Welfare Fund</b>  <b>Education seminar - welfare fund</b>
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <b>2 Iron Ore Rd</b> City <b>Englishtown</b> State <b>NJ</b> ZIP Code + 4 <b>07736</b>	7.b. Amount.  <b>Wage &amp; travel re-bursements \$1,365.21</b>  <b>Education seminar - \$876.17</b>

Signature: *Charles E. Wolfe*

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed: *Charles E. Wolfe*

On August 10, 2003 732-530-1062  
Date Telephone Number:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.